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LANCASTER, PA
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Lisa Rardus

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

JORDAN B. MELLINGER,
Plaintiff

vs.

No. CI-

STATE FARM MUTUAL
AUTOMOBILE INSURANCE
COMPANY,

Defendant

CI-15-01488

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

LANCASTER BAR ASSOCIATION
LAWYER REFERRAL SERVICE
28 EAST ORANGE STREET, LANCASTER, PA 17602
(717) 393-0737

RUSSELL, KRAFFT & GRUBER, LLP

By

Christina L. Baugher
Christina L. Baugher
Attorney I.D. # 32373
Attorneys for Plaintiff

Hempfield Center, Suite 300
930 Red Rose Court
Lancaster, PA 17601
Telephone: (717) 293-9293

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AUTOMOBILE INSURANCE
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Defendant

COMPLAINT

AND NOW COMES Plaintiff, Jordan B. Mellinger by and through his attorneys, Christina L. Hausner, Esquire, of Russell, Krafft & Gruber, LLP, and hereby files the following Complaint against Defendant, State Farm Mutual Automobile Insurance Company and in support thereof, avers as follows:

1. Plaintiff, Jordan B. Mellinger is an adult individual and resident of Lancaster County residing at 5407 Rainbow Drive, East Petersburg, Pennsylvania 17520.

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2. Defendant, State Farm Mutual Automobile Insurance Company, is ~~located~~ **located** was at all times material, licensed to conduct business in the Commonwealth of Pennsylvania, and has and continues to conduct business in Lancaster County, Pennsylvania and maintains a registered address and/or principal place of business at 1 State Farm Plaza, Bloomington, Illinois 61710.

3. At all times material hereto, Defendant acted in its corporate capacity **CL-15-01488** through its duly authorized agents, servants, workmen and/or employees.

4. On or about October 23, 2009, Plaintiff was the passenger in a motor vehicle driven by Jordan Deitz (hereinafter also referred to as "Tortfeasor") when the Tortfeasor lost control of the vehicle and caused an accident which resulted in serious injuries, damages and losses to Plaintiff, as more fully set forth herein.

5. As a result of the accident, Plaintiff suffered injuries which included but were not limited to a significant traumatic brain injury, lacerations to the face, nasal fractures and pulmonary contusions. As a result of his injuries, Plaintiff has incurred medical bills, medication bills and has suffered a loss of wages and benefits.

6. As a further result of his injuries, Plaintiff has undergone prolonged pain and suffering, loss of life's pleasures and great inconvenience, some or all of which may be permanent.

7. Plaintiff initiated a claim with Tortfeasor and has settled that matter with the Tortfeasor's insurance carrier. The Defendant consented to the foregoing settlement.

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8. The amount of the Tortfeasor's insurance was inadequate to compensate Plaintiff for his injuries and damages, which arose from the use of an under-insured motor vehicle.

9. At the time of the accident on October 23, 2009, Plaintiff was insured under a contract of insurance issued by Defendant, Policy No. 723 1076-C15-38K ("Policy"), including coverage W, Underinsured Motor Vehicle Coverage, as set forth in the Declarations Page attached hereto and incorporated herein, as "Exhibit A".

CI-15-01488

10. At the time of the accident, the applicable policy of insurance included four (4) vehicles insured by Defendant, and accordingly, the amount of underinsured motorist coverage (UM) is Four Hundred Thousand Dollars (\$400,000.00).

11. Notwithstanding Plaintiff's claim for UIM benefits (Claim No. 38-L790-421), and without good cause, Defendant has refused to pay any portion of such benefits to compensate Plaintiff for his injuries.

12. In view of Plaintiff's serious and permanent injuries and extensive loss, Defendant lacks a reasonable basis for denying any benefits under the applicable policy, and should have known or recklessly disregarded the lack of any reasonable basis.

13. Defendant's refusal to make any offer of UIM benefits constitutes a breach of its duty of good faith and fair dealing.

14. This suit is brought pursuant to coverage W of the Policy, Underinsured Motor Vehicle Coverage.

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WHEREFORE, Plaintiff, Jordan B. Mellinger, respectfully demands judgment against
State Farm Mutual Automobile Insurance Company in an amount in excess of \$50,000.00 plus
delay damages, interests and costs.

RUSSELL, KRAFFT & GRUBER, LLP

By:


Christina L. Hays

Attorney L.D. #32373

Attorneys for Plaintiff

Hempfield Center, Suite 300

930 Red Rose Court

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EXHIBIT A

	1000	1000	1000	1000
Q2 Medical Payments Coverage	\$10.44	\$9.47	\$7.51	\$8.84
Q3 Liability Coverage	\$10.00			
Q4 Collision Coverage - \$250 Deductible	\$22.92	\$17.83	\$16.43	\$19.27
H Comprehensive Coverage	\$81.94			
U Uninsured Motor Vehicle Coverage	\$2.45	\$2.45	\$2.45	\$2.45
W Uninsured Motor Vehicle Coverage	\$22.76	\$22.76	\$22.76	\$22.76
F Funeral Benefits Coverage	\$.29	\$.27	\$.22	\$.25
UZF Loss of Income Coverage	\$15.20	\$14.20	\$10.56	\$11.01
Total Premium Per Vehicle	\$195.33	\$106.63	\$108.98	\$111.06

2025 RELEASE UNDER E.O. 14176

CONTINUED:

See Reverse Side.

0201200958
05-1055 PAZ 01-2003 (b)(6)(2)(c)
(01202001)
11/18/2003

State Farm Mutual Automobile Insurance Company
One State Farm Dr
Concordville PA 18939

NAMED INSURED

38-3552-557D

MELLINGER, BENJAMIN
2028 MOUNTAIN RD
HANREIM PA 17545-9517

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B4414-6-D

DECLARATIONS PAGE

NAIC# 25178

Lisa Pardus PAGE 2 OF 2

POLICY NUMBER 723 1076-01538K

POLICY PERIOD MAY 30 2007 to SEP 15 2007

Replaced policy number 6994546-38B001.

Your total current 6 month premium for MAR 15 2007 to SEP 15 2007 is \$807.08.
Vehicle 1 \$338.75, Vehicle 2 \$182.89, Vehicle 3 \$186.92, Vehicle 4 \$198.50.

State Farm works hard to offer you the best combination of price, service, and protection. The amount of your premium is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

Consumer report reference numbers: 07651064551351, 07151003900044

Credit information was obtained on: DAWN MELLINGER

Please refer to the enclosed insert for additional information.

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET, FORM 9838A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU IN ALL SUBSEQUENT RENEWAL NOTICES.

CREDITOR- CAR 1 SOVEREIGN BANK, 450 PENN ST MAIL STOP: 10-421-CT2, READING PA 19602-1011

CREDITOR- CAR 2 VACHOVIA DEALER SERVICES INC INSURANCE SERVICE CENTER, PO BOX 52044, PHOENIX AZ 85072-2044.

CAR 1, 2, 3, 4

60910 CERTIFICATE OF GUARANTEED RENEWAL.

THIS POLICY PROVIDES LIMITED TORT OPTION.

CAR 2


ORIGINAL COST OF CUSTOMIZATION NONE OR UP TO \$1000.

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VERIFICATION

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Dated: 3/17, 2015


Jordan B. Melinger

CI-15-01488